

AOC - 724 Doc. Code: OOT Rev. 4-02 Page 1 of 1 Commonwealth of Kentucky Court of Justice KRS 202A.081	 COMMUNITY-BASED OUTPATIENT TREATMENT AGREED ORDER	Case No. _____ Court _____ County _____
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IN THE INTEREST OF:

Respondent's Name:

Address:

- [] Respondent having asked this Court to continue the final hearing for a period not to exceed sixty (60) days and having asked that Respondent be released from the hospital to receive community-based outpatient treatment; **OR**
[] Respondent having requested that community-based outpatient treatment be continued for an additional period not to exceed sixty (60) days.

A Preliminary Hearing was held _____, 2_____. The Court, upon application and agreement of the parties, probable cause having been established, and Respondent having moved the Court to continue the final hearing, and the Commonwealth having no objection to such a continuance, and the Court being otherwise sufficiently advised,

HEREBY ORDERS THAT:

1. The final hearing shall be continued until _____, 2_____ [not to exceed sixty (60) days].
2. Respondent shall be released from _____ on or before _____, 2_____ to receive community-based outpatient treatment under KRS 202A.081.
3. The community-based outpatient treatment shall be rendered at _____ located at _____, Kentucky.
4. Respondent shall:
 - [] Take all medications as prescribed.
 - [] Continue with all medical treatment, counseling or therapy as arranged by said hospital's clinical staff.
 - [] Keep all scheduled appointments.
 - [] _____
 - [] _____

Respondent's failure to comply with the recommended outpatient treatment, take all prescribed medication, OR participate in counseling or therapy shall be grounds for immediate detention pending a final hearing.
5. With or without notice, the Court may order Respondent's immediate detention at any time it believes it is in Respondent's best interest, or the best interest of others, that he/she be held pending the final hearing. KRS 202A.081(4).

Date: _____, 2_____. _____ Judge
Seen and Agreed to by:

_____ Respondent	_____ Court Appointed Attorney
_____ County Attorney	_____ Recommended by

Distribution: Respondent Hospital/Facility Court Appointed Attorney
 County Attorney Cabinet for Families and Children Treatment Provider